

EXHIBIT B

In the Matter Of:

UNITED STATES vs STATE OF GEORGIA

NO. 1:16-cv-03088-ELR

JUDITH A. FITZGERALD

August 16, 2022



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1 A So I'm not sure I understand the question.

2 Again, I'll speak to DBHDD --

3 Q Well, let me, let me interrupt you so we
4 don't waste any time.

5 DBHDD puts out a provider care manual that
6 covers the services that the agency administers?

7 A We -- yes.

8 Q And DCH puts out a provider manual for the
9 services that it contracts for, correct?

10 A Yes.

11 Q Do you -- are you aware of any other
12 provider manuals that cover the provision of public
13 behavioral health services in Georgia?

14 MR. BELINFANTE: Object to form.

15 A I'm not familiar with any.

16 Q And with respect to the provider manual
17 that's put out by DBHDD and the provider manual
18 that's put out by DCH, there is a tremendous effort
19 within your agency to coordinate those two manuals,
20 right?

21 A Yes.

22 Q Who leads that effort?

23 A Wendy Tiegreen is essentially our liaison
24 between the Department of Community Health and
25 DBHDD, but in our representative program areas we

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1 have program experts in behavioral health and in
2 intellectual and developmental disabilities who
3 would also be engaged in very detailed work.

4 Q Now, what are the services that DBHDD
5 contracts for in behavioral health as distinct from
6 the services that DCH contracts for?

7 A So DBHDD has a four-hour -- we have
8 three-tiers of providers, and those tiers are
9 designated by the services they provide.

10 So Tier I provides a set of core services,
11 which we use that term, "core services." That's
12 essentially the continuum of services, the minimum
13 continuum of services that a CSB should provide.

14 Q And does DCH similarly provide for those
15 services?

16 A I'm not sure how to answer that question
17 in that way.

18 Q Maybe I'm asking you the wrong question.
19 Let me back up a little bit.

20 A Okay.

21 Q Who is the population that DBHDD contracts
22 services for?

23 A The individuals with severe -- serious and
24 persistent mental illness, and for youth, youth with
25 serious emotional disturbances.

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1 That's the prime population for the state
2 funds. We also receive federal funds to do other
3 things. But assuming you're talking about the state
4 funds here.

5 Q Is that population with serious and
6 persistent mental illness in use, with serious
7 emotional disturbances, are all services to that
8 population provided by DBHDD, or are some provided
9 by DCH?

10 A It depends on the individual's insurance
11 in some cases.

12 Q So your answer is yes, some are provided
13 by DBHDD and some are provided by DCH?

14 A Through DCH contracted providers.

15 Q And working off the behavioral manual that
16 presumably describes common services?

17 THE WITNESS: God bless you.

18 MR. BELINFANTE: Thank you.

19 A Yes.

20 Q And the dividing line is, between DCH and
21 DBHDD is the type of insurance an individual has or
22 whether they're insured or not?

23 A Primarily.

24 Q And which individuals does DBHDD contract
25 for services for with regard to their insurance or

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1 A Yes.

2 Q Now, does DCH have a role in selecting
3 what behavioral health services the State provides,
4 or is that role reserved to DBHDD?

5 A DBHDD is the behavioral health authority,
6 but we work in concert with the Department of
7 Community Health. So if there were a program or
8 service area that we deemed important or necessary
9 to be included, we would likely be in conversation
10 with DCH about why that was, how that might play out
11 in the network of service delivery.

12 Q And so it's fair to say that you work in
13 concert with DCH on selection of behavioral health
14 services, and DBHDD has the final authority?

15 MR. BELINFANTE: Object to form.

16 A Yes, DBHDD is the authority.

17 Q So let's just take an example of the
18 Georgia Apex program.

19 You're familiar with that, Commissioner?

20 A Yes.

21 Q We'll talk about it in a little more
22 detail later, but let's just take it as an example.

23 So the Georgia Apex Program represents an
24 initiative by DBHDD to advance certain services in
25 certain settings to children and adolescents with

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1 behavioral health needs?

2 A Yes.

3 Q And some of those services are paid for by
4 DBHDD and some are paid for by DCH?

5 A Yes.

6 Q But the control of the program rests with
7 DBHDD?

8 A Yes.

9 MR. BELINFANTE: Object to form.

10 THE WITNESS: May I, before we go?

11 Because it looks like we're going into a line
12 of question here. I just need a quick bathroom
13 break.

14 MS. COHEN: Sure.

15 THE WITNESS: Can we do that?

16 MS. COHEN: We can do that, and I don't
17 know of how urgent it is, but we can also order
18 lunch if you like to do that now, Josh.

19 MS. ROSS: Okay.

20 THE WITNESS: I need more water.

21 THE VIDEOGRAPHER: We're off the record at
22 10:33 a.m.

23 (A recess was taken.)

24 THE VIDEOGRAPHER: Back on the record at
25 11:02 a.m.

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1 And who developed those metrics, the key
2 performance indicators?

3 A DBHDD. With input -- with some input from
4 providers as well. Probably led my Monica Johnson.

5 Q Now, I'm going to move along a little bit
6 because of time.

7 So let's go to Slide 10.

8 I'm sorry. It's Slide 9.

9 And this is another slide in which you
10 talk about the problem and solutions?

11 A Uh-hum. (Affirmative.)

12 Q And one problem was perception that DBHDD
13 does not deliver on promises or is not trustworthy.

14 What did you say that on subject?

15 A Probably, again, not remembering my exact
16 language, but in the listening efforts, you know,
17 when you accept open feedback from folks you hear
18 that not everything is going how people in the
19 community want it to. So I was careful here in
20 saying there was a perception that at times DBHDD
21 didn't deliver on their promises or perception that
22 DBHDD is not trustworthy.

23 It was important to acknowledge back to
24 this audience that we hear you, that you don't think
25 it's always going well in the partnership.

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1 Q Were there certain promises or areas in
2 which DBHDD was regarded as not having kept up its
3 end of the bargain at that time?

4 A I don't recall at that time what I was
5 speaking to specifically.

6 Q What do you see as the solutions? Or what
7 did you see as the solutions?

8 A So embracing our role as state authority.

9 Q What does that mean --

10 A Probably in using that terminology at that
11 time, it would be to assert that DBHDD has expertise
12 in its understanding of evidence-based behavioral
13 health services and supports, and that we would
14 endeavor to make those available and --

15 Q How did you, how did you see that
16 expertise as important to your credibility with
17 stakeholders?

18 A So among the stakeholders are people who
19 are familiar with evidence-based services and
20 supports that are known nationally. So I think what
21 I'm trying to reflect here is just we as an agency
22 would assert that knowledge and expertise in
23 conversations and in thinking about program design
24 and what's available in the State of Georgia. That
25 we understood that as our responsibility and that we

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1 would embrace opportunities to bring ideas forward.

2 Q So you understood it's your responsibility
3 to bring expertise forward with regard to the use of
4 evidence-based practices?

5 A Yes.

6 MR. BELINFANTE: Object to the form.

7 Q And then the next slide, Slide 10, refers
8 to CSB legislation?

9 A Uh-hum. (Affirmative.)

10 Q What was that?

11 A I believe we did some tweaks that year in
12 enhancing CSB accountability through legislation.

13 Frankly, I don't remember the details at
14 that time, from 2015 or 2016, of what we actually
15 changed.

16 Q Let's look at Slide 12. This is the slide
17 that's titled "DBHDD's Reorganization: What."

18 The first bullet is "Functional
19 alignment." What was the functional alignment that
20 you saw needed to be reorganized?

21 A So when we first arrived at the department
22 there were regional offices in each of the divided
23 regions of -- the State was divided into regions.
24 There were -- there was a DBHDD office in each of
25 those regions, and they would -- those offices would

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1 made efforts to make available to the public
2 descriptions of what our acronyms actually mean.

3 Q So you believe this is a document
4 generated by DBHDD?

5 A Or the System of Care. So the IDT group
6 were the creators of the System of Care plan, DBHDD
7 playing a role in that.

8 Q And it refers to children and adolescents
9 System of Care?

10 A It looks to, but some of these things are
11 broader than that, but...

12 Q So you believe it's a DBHDD document,
13 though, or IDT document?

14 A I see it as a System of Care -- so the
15 System of Care State Plan is a multipage document.
16 So in an effort for the public to understand some of
17 the terminology that's in the plan, I would guess
18 this is a ride-along, so to speak, a pocket guide,
19 so people could understand the terminology in the
20 state plan.

21 Q I just want to be clear. Do you believe
22 it was prepared by DBHDD or by the IDT?

23 A I can't say, actually. DBHDD certainly
24 would have informed it, as there are some DBHDD
25 specific programs, but some of these things are more

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1 MR. BELINFANTE: Object to the form.

2 Q But its responsibility in connection with
3 public behavioral health services is broader?

4 MR. BELINFANTE: Object to the form.

5 A I'm not sure I understood the distinction
6 about what you were saying. I'm sorry.

7 Q DBHDD not only provides insurance for
8 certain categories of individuals, but it also
9 determines what services will be provided through
10 the broader behavioral -- public behavioral health
11 system?

12 A So to your former point, we do not provide
13 insurance.

14 Q I'm sorry. Okay. Let me rephrase the
15 question.

16 A Yeah, okay.

17 Q DBHDD provides services?

18 A Contracts with provider to make services
19 available.

20 Q DBHDD -- thank you. I'm learning. I'll
21 keep working on it.

22 A You're good.

23 Q DBHDD contracts with providers to provide
24 behavioral health services to uninsured children and
25 young adults and those with SSI Medicaid?